

FILED - USDC -NH  
2021 APR 6 PM 12:33

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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT  
for theJOSEPHINE AMATUCCI

Plaintiff/Petitioner

ROBERT V. VARNEY

Defendant/Respondent

STEVEN MCAULIFFE, LANDYA MCAFFERTY

212-2011-CV-00249

Civil Action No. 356

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Josephine Amatucci

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

4/5/2021

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ /	\$ /	\$ /	\$ /
Self-employment	\$ /	\$ /	\$ /	\$ /
Income from real property (such as rental income)	\$ /	\$ /	\$ /	\$ /
Interest and dividends	\$ /	\$ /	\$ /	\$ /
Gifts	\$ /	\$ /	\$ /	\$ /
Alimony	\$ /	\$ /	\$ /	\$ /
Child support	\$ /	\$ /	\$ /	\$ /

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Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
<b>Total monthly income:</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ UNKNOWN
Other real estate (Value)	\$ N/A
Motor vehicle #1 (Value)	\$ 2012 NISSAN VERSA UNKNOWN
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
/	\$ /	\$ /
/	\$ /	\$ /
/	\$ /	\$ /

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
/	/	/
/	/	/
/	/	/

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
<i>See ATTACHED</i>		
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

*EVERY MONTH BECAUSE I CANNOT MAKE IT FINANCIALLY  
I GO TO THE LOCAL CHURCH AND BORROW MONEY & PAY BACK  
WHEN I GET MY SOCIAL SECURITY CHECK*

12. Identify the city and state of your legal residence.

*WOLFEBORO, N. H.*

Your daytime phone number:

*603-569-2429*

Your age: *82*

Your years of schooling:

*3 college*

## INCOME

Social Security 1,511.00  
 136.00 ER 1,350.00

## BILLS

## MONTHLY

1. <del>RENT</del>	52.00
2. AARP-UNITED HEALTH INSURANCE	174.50
3. LIBERTY MUTUAL HOUSE INSURANCE	
AND CAR INSURANCE	181.11
4. PRESCRIPTION DRUG	32.60
5. Metrocast	184.63
6. Fuel (heating)	250.00
7. Santander (Car Payment)	278.83
8. Lawrence Sumski (Bankruptcy)	500.00
9. Electric (Town)	50.00
10. Food	200.00
11. Gas for car	100.00
12. Clothing	50.00

Champion Mont.

TOTAL 2,084.66

TOTAL INCOME

~~3,087.50~~

1,511.50 TOTAL ONLY Social Security

At end of month I borrow the balance from my church. And it goes on and on.

This is to advise the courts that I do not make it financially at the end of the month and I go to my local church and I borrow money until I get my social security.

Josephine Amateau

YOUR NEW BENEFIT AMOUNT

**BENEFICIARY'S NAME: JOSEPHINE S AMATUCCI**

Your Social Security benefit will increase by 1.3% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

<b>How Much You Will Get</b>	
<b>Your monthly benefit before deductions</b>	<b>\$1,694.50</b>
<b>Deductions:</b>	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about December 31, 2020.	<b>\$1,546.00</b>

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org) or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit [www.ssa.gov/benefits/disability/appeal.html](http://www.ssa.gov/benefits/disability/appeal.html) online.

APP

**Payment Coupon**

Insured Member 1  
**JOSEPHINE S AMATUCCI**  
 Member 1 Coverages  
**B**

Membership Number  
**334676383-1**

Payment is due on or  
 before the due date,  
**03-03-2015**

Amount Due  
**\$174.50**

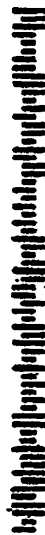
Insured Member 2

Member 2 Coverages

3346763833745001013509343465 2

If you make a payment of  
 \$2070.00 by January 31 for  
 the full year, you'll save  
 \$241. Call if you have any  
 questions: 1-800-823-8500.

PO BOX 830291  
 DALLAS TX 75288-0291



PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNIVERSAL TRUST INSURANCE COMPANY.  
 PLEASE PRINT YOUR NAME AND ADDRESS ON THE FRONT OF THE CHECK OR MONEY ORDER.  
 PLEASE USE THE ENVELOPE PROVIDED TO RETURN COUPON AND PAYMENT.



\*000051\*

LIBERTY MUTUAL INSURANCE  
1 LIBERTY SQ  
MISHAWAKA IN 46544

Please do not send payments to the address above



JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 038960272

Josephine, thank you for being our valued customer since 2017!

**THIS IS YOUR INSURANCE BILL FOR ACCOUNT FOL0025092117A AS OF NOV. 14, 2017**

#### ACCOUNT SUMMARY

	AMOUNT
10/18/17 Previous Account Balance	\$258.56
Payments Received	-\$181.11
Installment Charge	\$6.00
11/14/17 Current Account Balance	\$218.45

#### BILLING DETAILS

Home Policy	H37-218-117400-70 (05/07/17 - 05/07/18)	FREQUENCY	POLICY BALANCE	AMOUNT DUE
		Monthly	\$218.45	\$58.61

350 GOVERNOR WENTWORTH HWY

Questions Regarding Your Bill?  
1-800-225-8283

Need to Report a Claim?  
1-800-2CLAIMS (1-800-225-2487)

Please Pay Total Amount Due by Dec. 04, 2017 **\$58.61**

*Handwritten notes:*  
Dec. 2017 - 181.11 No. 692117A  
1st Nov. 219.45  
PAYMENTS 106.64

\*006262\*

LIBERTY MUTUAL INSURANCE  
P.O. BOX 6829  
SCRANTON, PA 18505



PLEASE READ: Payments or documents sent to the address above will not be processed

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

### Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

### THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

#### INSURANCE INFORMATION

Policy Number:	H37-218-117400-70
Policy Period:	May 07, 2019 - May 07, 2020
Bill Frequency:	Monthly
Property Insured:	350 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894-4635

#### BILLING DETAILS

Previous Policy Balance	\$123.27
Payment Activity	
Payments Received	\$0.00
Installment Charge	\$5.00
Policy Balance	\$128.27
Past Due Amount	\$123.27
Installment Charge	\$5.00

Please Pay Total Amount Due by April 26, 2020 **\$ 128.27**

#### QUESTIONS

##### Questions Regarding Your Policy or Bill?

1-800-225-8285

##### Want to Pay Online?

LibertyMutual.com/service

##### Need to Report a Claim?

1-800-2CLAIMS (1-800-225-2467)

##### Mail Check to:

Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116 1452

##### Save Time & Money

Eliminate installment charges by paying your balance in full.



#### PAYMENT COUPON

Please send all payments in the envelope provided.  
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via your bank account at: LibertyMutual.com/autopay  
Or pay your bill online at: LibertyMutual.com/pay

Lost your envelope? Mail check to:

Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116-1452

JOSEPHINE AMATUCCI

Due Date: April 26, 2020

Policy Number: H37-218-117400-70

Invoice Number: 00000285724331

PAY POLICY IN FULL: \$128.27

OR

PAY AMOUNT DUE: \$128.27

#### Amount Enclosed:

\$    ,    .



Insured through **UnitedHealthcare**

Hot Springs, AR 71903-3367

**Action Required**

E

125PMTD BILLINGMOLOF0001005-08804-01

**JOSEPHINE S AMATUCCI****PO BOX 272****WOLFEBORO FALLS NH 03896-0272****Questions?**

We're here to help.

Toll-Free **1-866-460-8854**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week

**Your June 2018 statement.**

<b>Member ID:</b>	<b>0173542561</b>
<b>Previous balance</b>	<b>\$ 79.60</b>
<b>Payments received</b>	<b>\$ 0.00</b>
<b>Current charges</b>	<b>\$ 39.80</b>

<b>Total due</b>	<b>\$119.40</b>
<b>Due in full by</b>	<b>June 1, 2018</b>

See details about your current charges on the back of this page.

**You have a past due balance.**

Please call Customer Service to pay your past due balance today. If we don't receive payment soon, you may be disenrolled from the plan.

**About your payment.**

Your payment can take up to 10 days to post to your account. If we received it after May 4, 2018, you'll see it on your next statement.

**It's easy to set up ,  
automatic payments.**

Use the form on the next page to sign up for Electronic Funds Transfer (EFT) and have your monthly payments automatically deducted from your bank account.

or

Call Customer Service to have your monthly payments automatically deducted from your Social Security or Railroad Retirement board check.

or

Call Customer Service to have your monthly payments automatically charged to your credit card.

You can stop automatic deductions at anytime — keeping you in control of your money.\*

**Access your account online.**

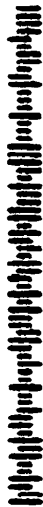
Make a payment, view claims and plan details. Sign up to get plan information delivered online.

**[www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)**

MRAMR1503BG

# MetroCast

METROCAST CABLEVISION  
9 APPLE RD BELMONT NH 03220-0251  
CEN 1655 W/AD 03 11572517 NVENTYTH 01 000176 0033  
JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03888-0272



## Statement of Service

Page 1 of 3  
Billing Date: November 6, 2017  
Account Number: 0232 16 019 0038339

### How to reach us ....

Office hrs M-F 8:00am-5:00pm  
Sat 9am-4:00pm www.MetroCast.com  
Phone hrs 24/7 1-800-833-1001

### For Service At...

320 GOVERNOR WENTWORTH HWY  
WOLFEBORO NH 03884-4635

## Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$35.00 collection effort charge or discontinuation of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

Previous Balance	\$ 264.79
Payment(s)	-183.49
Monthly Charge(s)	167.91
Other Charge(s)	6.00
Taxes & Fees	8.00
Balance Due	\$ 352.21
Payment Due Date	Upon Receipt



P.O. Box 625  
Farmington, NH 03835

(603) 755-3562  
Fax (603) 755-3530  
info@cardinalglidden.com

Chris Glidden  
Owner

A  
Family  
owned and  
operated  
company for  
over 50  
years!

JOSEPHINE AMATUCCI

DATE 3/25/2021

ACCT. # 884900001

PAYMT. RECEIVED \$231.64

**IMPORTANT**

**BUDGET  
PLANS**

This is a memo  
invoice. Please  
continue your  
regular  
payments

**PREPAY  
ACCOUNTS**

This  
receipt/invoice  
is for your  
records only

**C.O.D. &  
BILLABLE**

Discounts are  
included in the  
ticket pricing



NOT FULL

**PLEASE PAY THIS AMOUNT ▲ ▲**

**- THIS IS YOUR ONLY INVOICE -**

PLEASE REMIT YOUR PAYMENT  
UPON RECEIPT OF THIS DELIVERY

AMOUNT RECEIVED \$	<input type="checkbox"/> CASH
CUSTOMER SIGNATURE X	<input type="checkbox"/> CHECK

**IMPORTANT SAFETY INFORMATION ON BACK**

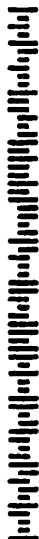


**Santander**  
CONSUMER USA



183143

**JOSEPHINE AMATUCCI**  
350 GOVERNOR WENTWORTH HWY POB 272  
WOLFEBORO FALLS, NH 03896



10/20/14  
10/20/14  
10/20/14

ACCOUNT ALERTS & IMPORTANT MESSAGES

**ACCOUNT INFORMATION**

Account Number 4628746  
Account Status Current  
Statement Date 10/20/2014  
Payment Due Date 11/08/2014

Payment Amount \$278.83

Payments Made 0

Maturity Date 10/08/2020

Past Due Amount \$0.00

Principal \$14,993.00

Accrued Interest \$225.69

Unpaid Fees & Charges \$.00

Estimated Payoff\* \$15,218.69

**TOTAL AMOUNT DUE**

By

**\$278.83**

11/08/2014

\*Balance including principal, accrued interest, and unpaid fees and charges as of the Statement Date.

10/20/14

**LAWRENCE P. SUMSKI**  
**CHAPTER 13 BANKRUPTCY TRUSTEE**  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

April 4, 2016

Josephine Amato  
POB 272  
Wolboro Falls, NH 03896

RE: Chapter 13 #15-11858-BNH

Dear Ms. Amato:

We do not process Plan payments at our office. Checks need to be sent to our Lock Box in Memphis, Tennessee. I am therefore returning your check #23582063318 in the amount of \$288.00 dated April 2, 2016.

Please send all Plan payments to the following address:

Lawrence P. Sumski  
Chapter 13 Trustee  
PO Box 839  
Memphis, TN 38101-0839

**PLEASE include your case number!**

The address for correspondence only is:

Lawrence P. Sumski  
Chapter 13 Trustee  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

Please call if you have any question regarding this.

Yours truly,

/s/ Lawrence P. Sumski

Lawrence P. Sumski

LPS:lc

Telephone: (603) 626-2289  
E-Mail Address: SumskiLPS@gmail.com

NATHANIEL - PERKINS  
Dear Judge Nowacki  
469-549-3142  
KAREN

CA!!  
her

PER NO. FOR  
5 YEARS

TAXES



OFFICE OF THE TAX COLLECTOR  
TOWN HALL BUILDING 84 SOUTH MAIN STREET  
PO BOX 629  
WOLFEBORO, NH 03894-0629

Office Hours: Monday-Friday 8am-4pm Telephone: (603) 569-3902  
E-mail - taxcollector@wolfeboroh.us

February 19, 2021

AMATUCCI, JOSEPHINE

PO BOX 272

WOLFEBORO FALLS NH 03896-0272

**NOTICE OF TAX ARREARAGE**

2020 TAX RECORDS INDICATE THE FOLLOWING TAX ACCOUNT IS UNPAID

PROPERTY TAX ACCOUNT # 10-3996.701

PROPERTY ID# 151--21

350 GOV WENTWORTH HWY

AMOUNT DUE: \$ 1108.00

Interest 8% per annum as of due dates 07/10/20 and 1/13/21

The tax amount due together with interest must be paid in full and received by the tax office no later than March 15, 2021 to prevent additional costs associated with notice of impending tax lien.

Amounts do not include up-to-date interest and or cost computation. Please contact the tax office at (603) 569-3902 prior to making payment.



Brenda L. LaPointe, Certified Tax Collector

*Town of  
Wolfeboro*

MUNICIPAL ELECTRIC DEPARTMENT  
84 SOUTH MAIN STREET  
P.O. BOX 777  
WOLFEBORO, NH 03894-0777  
603-569-8150  
603-569-8183

BILLING DATE	01/28/21	ACCOUNT NUMBER
DUE DATE	02/24/21	09-0449.002
TOTAL AMOUNT DUE		\$17,876.46

AMOUNT REMITTED \$ \_\_\_\_\_  
Service Address: 350 GOV WENTWORTH HWY

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE ☐  
Please return this portion with your payment and make checks payable to:

5611 AV 0.398 E0238X 10256 07137571278 S2 P7999964 0001:0001



JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro  
P.O. Box 777  
Wolfeboro, NH 03894-0777

MUNICIPAL ELECTRIC DEPARTMENT SOUTH MAIN STREET P.O. BOX 777 WOLFEBORO, NH 03894-0777 3-569-8150 3-569-8183	ACCT NO.	09-0449.002	PROPERTY OWNER	JOSEPHINE AMATUCCI
	NEXT READ	02/22/21	SERVICE LOCATION	350 GOV WENTWORTH HWY
	BILLING DATE	01/28/21	RATE	DOMESTIC ALL YR DA

METER NUMBER(S)	PREVIOUS			PRESENT			MULTI.	TOTAL KWH USED
	DATE	READING	READ CODE	DATE	READING	READ CODE		
83264815	12/21/20	62685	AMR	01/25/21	65427	AMR	1	2742

PREVIOUS BALANCE \$17,543.61  
PAYMENTS AS OF 1/28/21 \$50.00 CR  
  
BALANCE FORWARD \$17,493.61  
CUSTOMER CHARGE \$5.55  
DISTRIBUTION 2742 KWH @ .035200 \$96.52  
GENERATION 2742 KWH @ .102400 \$280.78  
=====

TOTAL AMOUNT DUE \$17,876.46

#### KWH USAGE COMPARISON

CURRENT	IN	35 DAYS YOU USED	2742 KWH OR	78.34 KWH PER DAY
PAST MONTH	IN	0 DAYS YOU USED	0 KWH OR	0.00 KWH PER DAY
PREVIOUS YR.	IN	35 DAYS YOU USED	2664 KWH OR	76.11 KWH PER DAY

\* THIS IS A REMINDER THAT YOUR ACCOUNT IS PAST DUE! \*

**TOTAL ELECTRIC CHARGES DUE BY**

02/24/21

\$17,876.46

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**